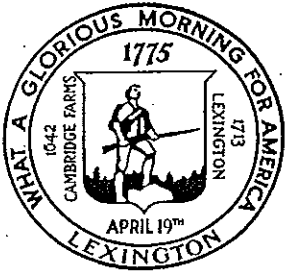


*Fee \$500*



## Application For Permit To Conduct Recombinant DNA Research

Please fill out the following information to receive a permit to conduct recombinant DNA research in accordance with the Lexington Board of Health Regulations entitled "Regulations for Use of Recombinant Molecule Technology" effective as of October 8, 1997:

In addition to the information below, please supply all information required in the Lexington Regulations, Section V, Permits.

Name of Applicant \_\_\_\_\_

Type of Establishment \_\_\_\_\_

Corporate Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX \_\_\_\_\_

President (Full Name) \_\_\_\_\_

Biosafety Officer  
(Full Name) \_\_\_\_\_

List Organisms  
Being Used  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please supply all information requested in Section V, Permits, of the Lexington health regulations for rDNA technology.

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(President)

Signature \_\_\_\_\_  
(Biosafety Officer)

**Lexington Health Department**

1625 Massachusetts Avenue Lexington Massachusetts 02420

781-862-0500 ext. 200

Permit Number

Fee

## The Commonwealth of Massachusetts

Town of Lexington Board of Health  
1625 Massachusetts Ave, Lexington, MA 02420

Name

Address

Town

State

Zip Code

IS HEREBY GRANTED A PERMIT FOR

This permit is granted in conformity with the statutes and regulations relating thereto, and  
Expires  unless sooner suspended or revoked.

Gerard F. Cody, R.E.H.S./R.S.  
Health Director